



**Health Services**  
LOS ANGELES COUNTY

# **POLICIES AND PROCEDURES**

**SUBJECT:** TRANSLATION OF WRITTEN MATERIALS

**POLICY NO:** 405

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**PURPOSE:**

To assure the accurate translation of written materials, such as patient vital forms/documents (materials that are essential to patients for accessing and making educated decisions about their healthcare), signage, and patient questionnaires, from English to the targeted languages for limited English proficient (LEP) patients, when it is determined that written translation is needed for effective communication.

**POLICY:**

DHS facilities and programs are responsible for assuring accurate translation of written materials when centralized translations are not available. At a minimum, a process for securing facility authorization should be in place; and all DHS facilities and programs will follow the guidelines for content accuracy as described below. Facilities and programs will take reasonable measures, using their Quarterly Language Reports, to ensure that vital forms/documents and signage will be translated into the Medi-Cal Threshold Languages.

**GUIDELINES:**

1. Facilities/programs will designate an administrator to be responsible for oversight and coordination of written translation requests.
2. The procedures should include an approval process for evaluating the content of the targeted forms/documents and signage.
3. The process to assure accuracy of written translations should include the following:
  - Utilizing in-house qualified translators, if available,
  - Review by a second qualified translator; and/or
  - Review by target audience groups and periodic updates.
  - Complex documents shall be reviewed by a second qualified translator for accuracy and equivalency of register.

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**APPROVED BY:**

**REVIEW DATES:**

A handwritten signature in black ink, appearing to be 'B. [unclear]', written over the 'APPROVED BY' and 'REVIEW DATES' labels.

**EFFECTIVE DATE:** September 1, 2007

**SUPERSEDES:** October 15, 1992

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4. Staff utilized for translation should possess appropriate language proficiency and/or certification. If no in-house resources are available, utilization of a qualified translation service should be considered.
5. Sole reliance on internet or translation software for patient documents is discouraged.
6. All patient materials should be printed in at least 12 point font.
7. The designated facility/program administrator should develop turn-around standards and a process for monitoring standards related to timeliness for all written translation requests.
8. Whenever possible, such as with patient education documents, cultural sensitivity and literacy level of the patient populations should be considered.
9. For documents written only in English, including correspondence to patients, the following notice will be included in the threshold languages and other primary/preferred languages when spoken by 5% of the patients in the service area. **“Important: This document about your health care is important. If you need help reading it, ask facility staff for an interpreter to help you.”**

Note: For patients with sensory, developmental and/or cognitive impairments refer to DHS Policy No. 189.

## **DEFINITIONS:**

**Limited English Proficient (LEP):** An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him/her to interact effectively with health and social service agencies and providers.

**Threshold Language:** Current Medi-Cal regulations require services and information provided in the person's primary/preferred language in a mandatory Medi-Cal population of 3,000 residing in a county; or 1,000 in a single Zip code or 1,500 in two contiguous ZIP codes. State Department of Health Services identified threshold languages for Los Angeles County are: Spanish, Vietnamese, Cantonese, Mandarin, Armenian, Russian, Cambodian, Tagalog, Korean, Farsi.

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**PAGE 2 OF 3**

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**Qualified Translator:** One who is able to read, write, and understand both the target language(s) and English; has had training and/or certification for translation; has knowledge of medical terminology where applicable; and has knowledge and experience with the culture(s) of the intended audience.

**AUTHORITY:**

Title VI of the Civil Rights Act of 1964  
Kopp Act (Health & Safety Code Section 1259)

**REFERENCES:**

DHS Policy No. 318, Non-English and Limited English Proficiency  
DHS Cultural and Linguistic Standards  
Policy Letter 99-04, California Department of Health Services' Medi-Cal Managed Care Division, Translation of Written Informing Materials, April 2, 1999  
All Plan Letter 02-003, California Department of Health Services "Medi-Cal Managed Care Division, Cultural and Linguistic Contractual Requirements: Threshold and Concentration Standard Languages Update, June 7, 2002

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**PAGE 3 OF 3**